

# Eligible Training Provider List Guide for Providers

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## BACKGROUND

The New York State Eligible Training Provider List (ETPL) was established in compliance with Title 1, Section 122 of the Workforce Investment Act of 1998. The ETPL is a list of training providers who qualify to receive Individual Training Accounts or Grants (ITAs or ITGs) for their approved programs. (An ITA/ITG is essentially a voucher given to adult customers who need occupational skills training to become gainfully employed or re-employed.)

To be listed initially on the ETPL, the training provider's program must be evaluated and approved by a Local Workforce Investment Board (LWIB). You can apply with the Workforce Investment Board (WIB) serving the Local Workforce Investment Area (LWIA) in which you are located. If you are located out-of-state, you can apply with the geographically closest WIB/LWIA or the WIB/LWIA from which you anticipate receiving the most referrals.

After a training provider's program(s) have been approved for initial eligibility, the program will be required to undergo an annual eligibility determination, called Subsequent Eligibility. Performance information is submitted and must be approved by the WIB for the eligible program(s) to remain on the ETPL.

*The purpose of this guide is to provide training providers with general information and procedures for accessing and using the online application. This guide is not intended to provide training providers with all policies and procedures related to the certification of training programs.*

## BEFORE YOU BEGIN

You will need to have or know the following:

**Federal Employer Identification Number (FEIN) or Social Security Number (SSN)**

**DUNS (Data Universal Numbering System) Number**

*The **DUNS number** is a unique nine-character number that identifies your organization. Your company may already have a number, and you can search their site or request a number here: <http://fedgov.dnb.com/webform>. DUNS numbers are **free** and obtained from Dun and Bradstreet (D&B). **You are not obligated to purchase any of D&B's products.***

**School License (if applicable) – Scanned and Uploaded to your Computer**

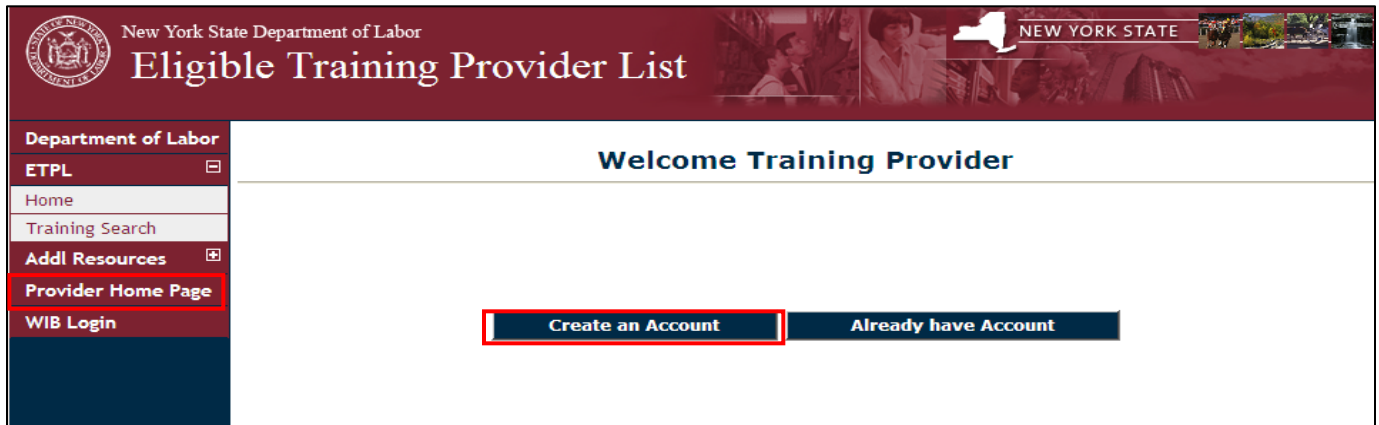
In Part 3 of the application, several forms, either required by the New York State Department of Labor (NYSDOL) and/or your WIB, need to be printed, completed, scanned, and uploaded back to the application.

The forms required by NYSDOL are:

**[WIA Eligible Training Provider Certification Assurances](#)**  
**[Authorized Signature Form](#)**

## CREATING YOUR USERNAME AND PASSWORD

- From the **ETPL** website (<http://applications.labor.ny.gov/ETPL/>) **Welcome Page** select **Provider Home Page** from the navigation bar on the left hand side. This will bring you to the **Welcome Training Provider** page.



- Click on **Create an Account**. This will bring you to the **NYS DS Self Registration** page. Enter the required information including a 'temporary' password, and click on **Create Account**. All fields with an asterisk (\*) must be completed. Your User ID is what you will use to log on to the ETPL and must be between 4-10 characters. If your selection is not available, you will be prompted to create a different one.



Enter the password you just created in the **Old or Temporary Password** field, create a new password, and click on **Change Password**. **Please note that passwords are case sensitive and should be typed in; not “cut and pasted.”**

The screenshot shows the 'WELCOME TO NY.GOV ID' header. On the left is a 'Links' sidebar with items: About NYSDS, FAQs, Terms of Service, Contact Us, and Help. The main content area is titled 'Password Change Request'. It displays the username 'julieandrews11' and asks the user to change their password. There are three input fields: 'Old or Temporary Password', 'New Password', and 'Confirm New Password'. A note specifies: 'Minimum 8 characters with at least 3 letters and 1 number.' The 'Change Password' button is highlighted with a red rectangle, and there is a 'Clear this form' button.

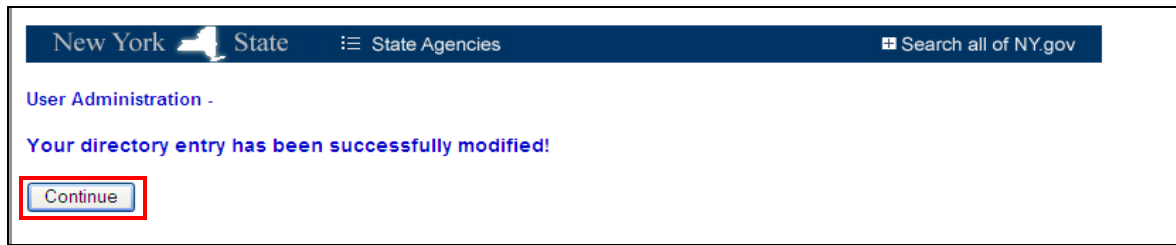
You will be brought to the following screen. Click on **Continue**.

The screenshot shows the 'WELCOME TO NY.GOV ID' header and the same 'Links' sidebar. The main content area is titled 'Password Change Information'. It confirms that the new password has been set for 'julieandrews11' and instructs the user to use the new password for the next login. A 'CONTINUE' button is highlighted with a red rectangle.

The following screen will appear. Select a question from the dropdown list, type in your answer and then confirm. Click on **Submit**.

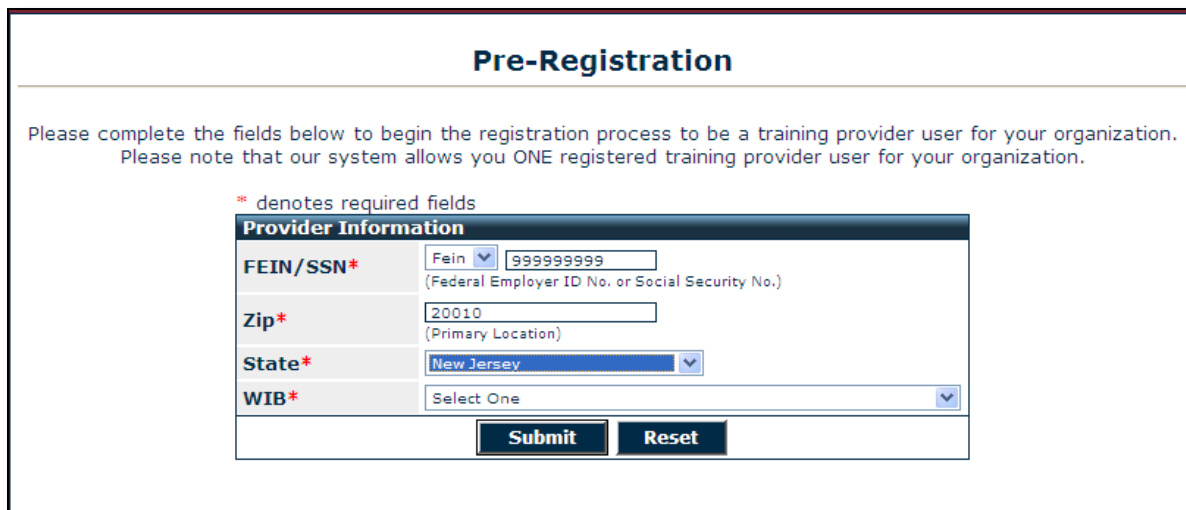
The screenshot shows the top navigation bar with 'New York State' and 'State Agencies' links, and a search bar. Below is a message: 'Please complete the form below in order to utilize the I Forgot My Password link. Our records indicate that your account has an insufficient number of shared secret answers. Please keep your shared secrets confidential. If you ever need to change your answers, you can set your browser to NY.Gov Self Administration'. The form is titled 'Please select a question and answer it' and has three columns: 'Question', 'Answer', and 'Confirm Answer'. The first question is 'Who was your first employer?'. The 'Answer' and 'Confirm Answer' fields are masked with dots. A 'Submit' button is highlighted with a red rectangle.

- You will have **successfully modified your directory entry!** Click on **Continue**. This will bring you to the **Pre-Registration** page.



The screenshot shows a web interface for 'New York State' with a 'State Agencies' menu and a 'Search all of NY.gov' button. Below the header, it says 'User Administration -' and 'Your directory entry has been successfully modified!'. A 'Continue' button is highlighted with a red rectangle.

- Select **FEIN** (your 9 Digit Federal Employer Identification Number) or **SSN** (Social Security Number) from the drop-down box, fill in the number along with your **Zip Code** and **State**. **Enter your information carefully!** (If you are located outside of New York State, an additional field will appear prompting you to select a Workforce Investment Board.) Press **Submit**.



The screenshot shows the 'Pre-Registration' form. It includes a title 'Pre-Registration', instructions to complete fields for registration, and a note about having one registered user per organization. A legend indicates that an asterisk (\*) denotes required fields. The form fields are: 'FEIN/SSN\*' with a dropdown set to 'Fein' and a text box containing '999999999'; 'Zip\*' with a text box containing '20010'; 'State\*' with a dropdown set to 'New Jersey'; and 'WIB\*' with a dropdown set to 'Select One'. 'Submit' and 'Reset' buttons are at the bottom.

## TRAINING PROVIDER HOME PAGE

- You will now be on the **Training Provider Home Page**. Note that your **Primary Workforce Investment Board (WIB)** (based on your zip code) is displayed on the top of the page. **Provider Name** is **Unknown** until the Administration Tab is completed.
- There is also a section for **Announcements** sent to you by your WIB or NYSDOL.

**Department of Labor**

**ETPL**

Home

Training Search

Addl Resources

Provider Home Page

WIB Login

**Provider Name** Unknown **ID (FEIN)** XXXXXXXXX

**Primary WIB** Albany-Schenectady-Rensselaer Counties

### Training Provider Home Page

Announcements		
Date	Sender	Subject
There are no Announcements.		

**Important Notice!**

Your Registration is not complete.  
Select a section below to edit your saved information.

**You must finish each part completely before moving on to the next.**

**Training Provider Information**

- Administration Not Completed
- Profile Not Completed
- Documentation Not Completed

Training Site Details Not Completed

Training Course Details Not Completed

Course Offering Details Not Completed

**Click here to contact us for assistance!**

**Contact Us**

## PART 1 OF 6 – ADMINISTRATION

- Click on the [Administration](#) link. The **Provider Details** page will appear. Enter the required information.

**Training Provider Registration**  
Provider Details (Part 1 of 6)

\* denotes required fields

**Provider Information**

ID Number (SSN) [REDACTED]

Business Name\* [Bert's Chimney Sweep Training School]

Training School Name (DBA)\* [Bert's Chimney Sweep Training School (Copy from Business Name)]

Address Line 1\* [10 Brick Lane]

Address Line 2 [ ]

City\* [Albany]

State\* [New York] County\* [Albany]

Zip\* [12186] Borough [Select One]

Company Headquarters ☒ Yes, the above address is Company Headquarters.

Website URL [http:// ]

DUNS Number\* (Obtain a DUNS Number) [99999999]

**Administrative Contact Information**

First Name\* [Mary]

Last Name\* [Poppins]

Title\* [President]

Phone #\* [518 5555555] ext. [ ]

Fax # [ ]

Email\* [vlycreekdesigns@yahoo.com]

Confirm Email\* [vlycreekdesigns@yahoo.com]

Once you enter your Business Name, you cannot edit it. Check for typos before saving! The information entered in the Training School Name (DBA) field is what will appear on the Eligible Training Provider List.

This email address is used for application generated email notifications.

- The **DUNS number** is a unique nine-character **number** that identifies your organization. This is a mandatory field and can be obtained here: <http://fedgov.dnb.com/webform>. DUNS numbers are **free** and obtained from Dun and Bradstreet (D&B). Your company may already have a number, and you can search their site. **You are not obligated to purchase any of D&B's products.**
- Fill out **Administrative Contact Information, Admissions Contact Information, and Payment Contact Information**. If the information for Admissions and Payment Contact Information is the same as the Administrative Contact, check the box above these sections to fill in automatically.

☒ Admissions Contact Information is the same as Administrative Contact Information.

**Admissions Contact Information**

First Name\* [Mary]

Last Name\* [Poppins]

Title\* [President]

Phone #\* [518 5555555] ext. [ ]

Fax # [ ]

Email\* [vlycreekdesigns@yahoo.com]

☒ Payment Contact Information is the same as Administrative Contact Information.

**Payment Contact Information**

First Name\* [Mary]

Last Name\* [Poppins]

Title\* [President]

Phone\* [518 5555555] ext. [ ]

Fax [ ]



- Under **Licensing Information**, choose whether your organization has a license or an exemption and enter the required information as appropriate. You must choose one or the other. You cannot answer “No” to both.

**Licensing Information**

Does your Training Provider Organization have a license? ☐ Yes ☒ No

Do you have an exemption under state education law 5001(2)? ☐ Yes ☒ No

**Save & Proceed** **Cancel & Return**

- If your Training Provider Organization has a license, click on “Yes” and fill out the **New License** information. Select the **Licensing Entity** from the dropdown list, enter **License #** and **Expiration Date**.\*
- To **Upload License Document**, click on **Browse**, locate a copy of your license on your computer, **Open** and “**Upload**” the document. Files can be **up to 2MB** and can be PDF, DOC, or JPG.
- If you do not have a scanned copy readily available, you can upload a blank document in order to proceed with the registration process and upload your license later. After uploading, press **Save & Proceed**.

\*Notifications reminders are sent 30 days before expiration. If a new license is not uploaded before expiration, automatic account deactivation will

**Licensing Information**

Does your Training Provider Organization have a license? ☒ Yes ☐ No

**New License**

Licensing Entity\*  Clear

License #\*

Expiration Date\*  Calendar

Upload License Document\*  **Upload**

Click "Upload" to upload the document before saving.

There are no Uploaded License Documents.

**Save & Proceed** **Cancel & Return**

- If your Training Provider Organization has an exemption under State Education Law §5001(2), select “yes” and your particular Exemption. Definitions of the Exemptions can be found by clicking on the link (See Education Law 5001) or in [Attachment A](#).

**Licensing Information**

Does your Training Provider Organization have a license? ☐ Yes ☒ No

Do you have an exemption under state education law 5001(2)? ☒ Yes ☐ No

Select Exemption\*  
(See Education Law 5001)

- ☐ Exemption A
- ☐ Exemption B
- ☒ Exemption C
- ☐ Exemption D
- ☐ Exemption E
- ☐ Exemption F
- ☐ Exemption G
- ☐ Exemption H
- ☐ Exemption I
- ☐ Exemption J
- ☐ Exemption K
- ☐ Exemption L
- ☐ Exemption M

**Save & Proceed** **Cancel & Return**

- Press **Save & Proceed**.

## PART 2 OF 6 – PROVIDER PROFILE

### Type of Organization/Services Offered

- Select the **Organization Type**, **Ownership**, and **Provider Type** from the drop-down box menus.
- Select the checkbox for any **Accrediting Entities**.

\* denotes required fields

**Type of Organization**

Organization Type\*

Ownership\*

Provider Type\*

**Accrediting Entities**

- ☐ Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)
- ☐ Accrediting Council for Continuing Education and Training (ACCET)
- ☐ Accrediting Council for Independent Colleges and Schools (ACICS)
- ☐ Council on Occupational Education (COE)
- ☐ Distance Education and Training Council, Accrediting Commission (DETC)
- ☐ Middle States Association of Colleges and Schools, Commission on Higher Education (MSACS)
- ☐ Middle States Commission on Secondary Schools (MSCSS)
- ☐ New York State Board of Regents, and the Commissioner of Education (NYSBR)
- ☐ North East Association of Colleges and Schools
- ☐ Transnational Association of Christian Colleges and Schools, Accreditation Commission (TACCS)
- ☐ Other

- Select checkboxes for any **Disability Adaptations**, **Additional Services**, or **Financial Aid**.
- Enter a **School Policy Webpage URL**, if available and any other **Profile Information**.
- Press **Save & Proceed**.

**Services Offered**

**Disability Adaptations**

- ☐ Hearing Impaired
- ☐ Sight Impaired
- ☐ TDD
- ☐ Wheel Chair Access
- ☐ Other

**Additional Services**

- ☐ Accessible from Public Transportation
- ☐ Additional Test Preparation
- ☐ Cafeteria
- ☐ Career Advisement
- ☐ Child day care
- ☐ Counseling
- ☐ Job Placement Services
- ☐ Meeting Rooms
- ☐ Partnership with Local Employers
- ☐ Resume Preparation
- ☐ Transportation

**Financial Aid**

- ☐ Academic Competitiveness Grant
- ☐ Aid for Part Time Study (APTS)
- ☐ Federal Graduate and Professional PLUS Loan
- ☐ Federal Parent PLUS Loan
- ☐ Federal Pell Grant
- ☐ Federal Perkins Loan
- ☐ Federal Stafford Loan
- ☐ Federal Supplemental Educational Opportunity Grant (FSEOG)
- ☐ Federal Work-Study
- ☐ National Science and Mathematics Access to Retain Talent Grant (SMART)
- ☐ TEACH Grant
- ☐ Tuition Assistance Program (TAP)
- ☐ Other

**School Policies**

**Policy Webpage URL**

**Profile Information**

## PART 3 OF 6 – PROVIDER DOCUMENTATION

- The **Documentation Tab** has **Downloadable Forms** required or requested by the New York State Department of Labor and/or the WIB. All documents marked with a red asterisk (\*) must be completed. Other documents may be required by your particular WIB. See Attachment s for the Assurances and Authorized Signature forms.

The screenshot shows the 'Provider Documentation' page with tabs for Administration, Profile, Documentation, Training Sites, and Courses. The 'Documentation' tab is active. Below the tabs, there is a heading 'Provider Documentation' and a paragraph: 'Forms should be downloaded, completed and uploaded below. If a signature is required, please scan the document and upload a copy of the form. For questions regarding these forms, please contact your WIB.' Below this is a table titled 'Downloadable Forms'.

Downloadable Forms	
<a href="#">Assurances *</a>	(Updated: 04/15/2011)
<a href="#">Authorized Signature **</a>	(Updated: 01/26/2011)
<a href="#">Payment Structure of Training Grants *</a>	(Updated: 02/02/2011)
<a href="#">DOH and DOS Course Documentation</a>	(Updated: 02/10/2011)
<a href="#">Exempt Attestation of No Tuition or Fees</a>	(Updated: 02/22/2011)
<a href="#">Exempt provider Demonstration of Ind. Recognized Credential</a>	(Updated: 02/22/2011)
<a href="#">Green Course Documentation</a>	(Updated: 02/10/2011)
<a href="#">Proprietary Schools Course Documentation</a>	(Updated: 02/10/2011)
<a href="#">Security Course Documentation</a>	(Updated: 02/15/2011)

\* denotes required

- Click on the document link shown above, open the document, and print the form.
- Fill out the form completely, scan, and save to your computer. Upload by browsing for the file on your computer. Click on **Open** and then **Upload Documents**.

The screenshot shows the document upload form. At the top, it says '\* denotes required fields'. The form has three columns: 'Form', 'Form Name', and 'File'. The 'Form' column has a dropdown menu with '- Select One -' selected. The 'Form Name' column has a text input field. The 'File' column has a text input field and a 'Browse...' button. Below the form is an 'Upload Documents' button.

Files must be less than 2 MG to upload! In addition, using Internet Explorer as your browser works best for uploading documents.

- Uploaded files will then appear in the section below.

The screenshot shows the 'Uploaded Documents' section. It has two sections: 'Document: Assurances' and 'Document: Authorized Signature'. Each section shows the 'Uploaded File' and 'Date'.

Document: Assurances		
Uploaded File	<a href="#">Assurances1.docx</a>	Remove
Date	10/18/2011	

Document: Authorized Signature		
Uploaded File	<a href="#">Signatures.docx</a>	Remove
Date	10/18/2011	

Save & Proceed Cancel & Return

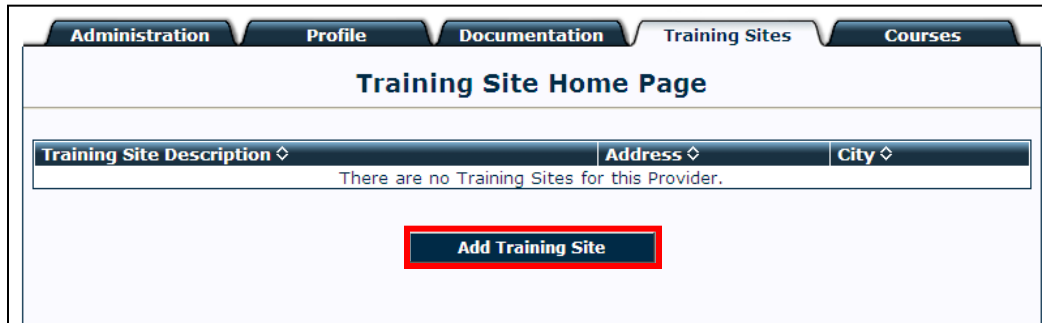
- Press **Save & Proceed**.

## PART 4 OF 6 – TRAINING SITES

### Training Site Details

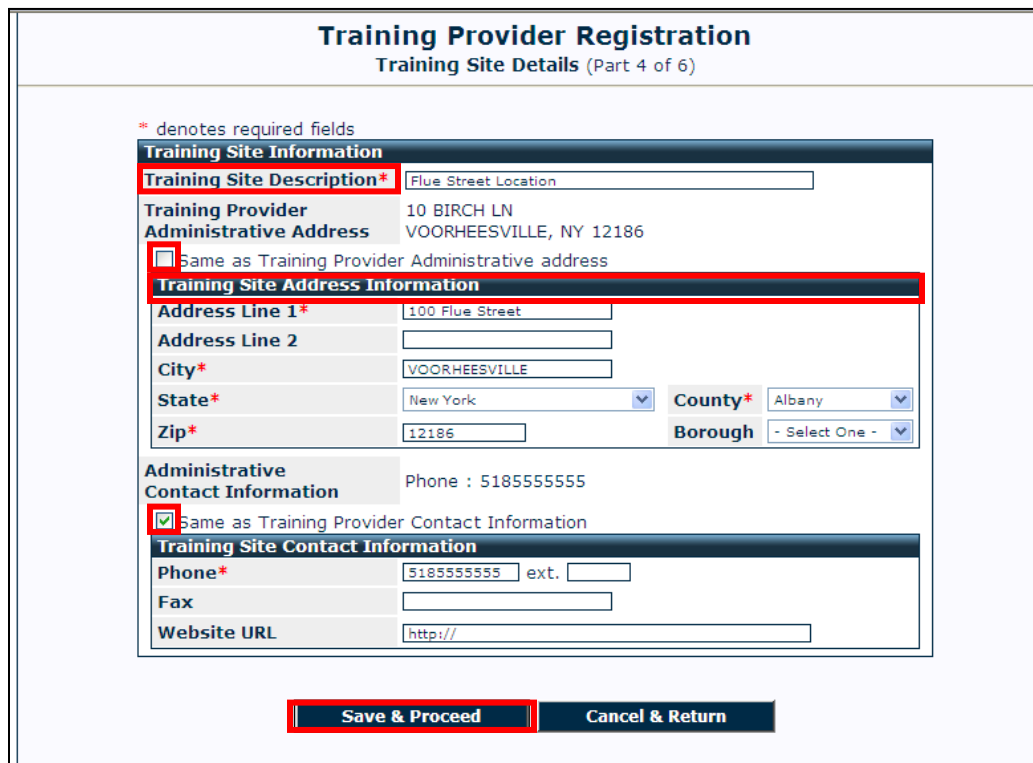
If you are creating a new account, you will see the following. (If your organization information was migrated from the previous site, your training site information will be shown as migrated.)

- Click on **Add Training Site**.



The screenshot shows the 'Training Site Home Page' with a navigation bar at the top containing 'Administration', 'Profile', 'Documentation', 'Training Sites', and 'Courses'. The 'Training Sites' tab is selected. Below the navigation bar, there are three input fields: 'Training Site Description', 'Address', and 'City'. A message below these fields states 'There are no Training Sites for this Provider.' At the bottom of the page, there is a red button labeled 'Add Training Site'.

- Fill in a **Training Site Description** (i.e., Grand Street, Buffalo Location, etc.). This description should be relatively short; it will be viewed on the ETPL.
- Fill out **Training Site Address Information** and **Training Site Contact Information**, or check the box to copy from Training Site Description.
- Press **Save & Proceed**.



The screenshot shows the 'Training Provider Registration' form, specifically the 'Training Site Details (Part 4 of 6)' section. The form is divided into several sections:

- Training Site Information**: Includes a red-bordered box for 'Training Site Description\*' with the text 'Flue Street Location'.
- Training Provider Administrative Address**: Includes fields for '10 BIRCH LN' and 'VOORHEESVILLE, NY 12186'.
- Training Site Address Information**: A red-bordered box containing fields for 'Address Line 1\*' (100 Flue Street), 'Address Line 2', 'City\*' (VOORHEESVILLE), 'State\*' (New York), 'County\*' (Albany), 'Zip\*' (12186), and 'Borough' (Select One).
- Administrative Contact Information**: Includes a field for 'Phone : 5185555555'.
- Training Site Contact Information**: Includes a red-bordered box with fields for 'Phone\*' (5185555555), 'Fax', and 'Website URL' (http://).

At the bottom of the form, there are two buttons: 'Save & Proceed' (highlighted with a red border) and 'Cancel & Return'.

## PART 5 OF 6 – TRAINING COURSE DETAILS

- From the **Provider Home Page**, click **Training Course Details** link. You can also navigate through the application by clicking on the tabs shown in the second box below.

**Training Provider Home Page**

Date ▾	Sender ▾	Subject ▾
There are no Announcements.		

**Important Notice!**  
Your Registration is not complete.  
Select a section below to edit your saved information.

- Training Provider Information
  - [Administration](#) Completed
  - [Profile](#) Completed
  - [Documentation](#) Completed
- [Training Site Details](#) Completed
- [Training Course Details](#) Not Completed
- [Course Offering Details](#) Not Completed

- Click on **Add Training Course**. If you are updating your information, a list of your migrated courses will appear here.

**Administration** **Profile** **Documentation** **Training Sites** **Courses**

**Training Course Home Page**

Course Title ▾	Status ▾
There are no Training Courses for this Provider.	

**Add Training Course**

**For your initial application, you can only enter one course with one corresponding offering. After your primary WIB approves, you will be able to add additional courses and offerings.**

- You must change the Course Status to 'Active' to send to WIB for approval.**

- ## Costs Section

- **Costs** – Enter **Tuition Cost**, which is tuition cost only.
- To add **Required and Additional Costs**, select a category from the dropdown menu, fill in an amount, and then click **Add**.

**Required Costs** include items that are required to complete the course such as books, lab fees, materials, etc. **If there are no Required Costs, select 'None' from the dropdown list, enter '0' and click on Add.**

**Additional Costs** are costs not required to take the course, but customer may have to pay, i.e., uniform, tools, etc.

- Training Provider Registration**  
Training Course Details (Part 5 of 6)

\* denotes required fields

**Course Information**

Course Title*	<input type="text"/>
Course Skill Level*	- Select One - ▾
Program Type*	- Select One - ▾
Course Admission	- Select One - ▾
Course Length	- Select One - ▾
Internet Information	<input type="text" value="http://"/>
Course Status*	<input checked="" type="radio"/> Active <input type="radio"/> Inactive <small>(Status must be Active in order to be sent for approval and listed in ETP)</small>

**Course Description**

Font family ▾ Font size ▾ **B** *I* U [List icons] [Color icons]

Path:

Words: 0

**Course Curriculum**

Font family ▾ Font size ▾ **B** *I* U [List icons] [Color icons]

**Tuition Cost + Required Costs + Additional Costs = ETPL Cost**

12/5/11

- Add **Credential Information**.
- Enter **Career Classifications** by selecting [Click Here to Edit Selection](#)
- A list of instructional programs will appear. Select one or more course descriptions and click on **Save Selection**.
- The **Corresponding Occupational Tracks** will enter automatically after saving.

### Course Level Approval Documents

- Fill in **License Information**, if applicable.
- To upload a copy of the license, click **Browse**, select document from your computer, and press **Open**.
- Click **Upload**.
- Please note your WIB may require you to upload course documents here that are not a license. Enter 9999 in the License # Field and Enter 12/31/2012 for the Expiration Date.
- Click on **Save & Proceed**. You will get the following message:

**The Offering details are incomplete; select a Course Offering or Add New Offering to complete the required information.**

- Click on **Add New Offering** (or if you have offerings listed, click on the **underlined number** to update).

Credential Information	
Type of Course*	<input type="radio"/> Credit bearing <input type="radio"/> Non-credit bearing
Credential Granted	- Select One -
Certification Entity	Selected No items selected. <a href="#">Click Here to Edit Selection</a>
Credit Hours Conferred	<input type="checkbox"/> Yes, course credit hours are conferred.
Credential Test	<input type="checkbox"/> Yes, a test is required to receive credentials.
Credential Test Cost	

Career Classifications	
Class Instruction Program Codes* <a href="#">Click Here to Edit Selection</a> No items selected.	
Corresponding Occupational Tracks No Occupational Tracks are Associated with the Selected CIP Codes.	
<input type="checkbox"/> Marriage and Family Therapy/Counseling <input checked="" type="checkbox"/> Mason/Masonry <input type="checkbox"/> Mass Communication/Media Studies <input type="checkbox"/> Massage Therapy/Therapeutic Massage <input type="checkbox"/> Materials Engineering <input type="checkbox"/> Materials Science <input type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Maternal/Child Health and Neonatal Nurse/Nursing <input type="checkbox"/> Mathematical Statistics and Probability <input type="checkbox"/> Mathematics Teacher Education <input type="checkbox"/> Mathematics and Computer Science <input type="checkbox"/> Mathematics and Statistics...Other	
<div>Save Selection</div> <div>Clear Selection</div>	

Course Level Approval Documents	
New License <span>Clear</span>	
Licensing Entity	Select One
License #	
Expiration Date	MM/DD/YYYY
Upload License Document	<input type="text"/> <input type="button" value="Browse..."/>
<div>Upload</div>	
Click "Upload" to upload the document before saving.	
There are no Uploaded Documents.	
<div>Save &amp; Proceed</div> <div>Cancel</div>	

The Offering details are incomplete, select a Course Offering or Add New Offering to complete the required information.	
There are no Offerings Associated with this Course.	
List of Offerings	
<div>Add New Offering</div>	
<div>Save &amp; Proceed</div> <div>Cancel</div> <div>Duplicate Course</div> <div>Delete Course</div>	

## PART 6 OF 6 – COURSE OFFERING DETAILS

**NOTE: Clicking on Save & Proceed will send the application to your primary WIB for approval. Make sure that your application is complete before saving this page.**

### Course Offering Specifics

**Training Provider Registration**  
Course Offering Details (Part 6 of 6)

\* denotes required fields

**Course Offering Specifics**

Course Title: Chimney Sweep Training Course

Training Site\*: - Select One -

Offering Status\*: ☐ Active ☐ Inactive  
(Status must be Active in order to be sent to the WIB for approval and listed in ETP)

Schedule Type\*: ☐ Ongoing Schedule ☐ Set Schedule

Start Date\*: MM/DD/YYYY End Date\*: MM/DD/YYYY

**New Schedule**

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Start Time: End Time: **Add**

Day	Start Time	End Time
There are no Schedules for this offering.		

• Select the **Training Site** from the dropdown menu.

• **Offering Status** – Select Active

**You must change the Offering Status to Active to send to the WIB for approval.**

• Fill in **Schedule Type**, the **Start Date** and **End Date**.

• Add **New Schedule** if available, and click **Add**.

### Course Offering Details

• Select **Method of Delivery**.

• Enter:

- Instructor Name
- Instructor Credentials
- Class Size
- Offering Language
- Time Classification

**Course Offering Details**

Method of Delivery\*: ☐ Apprenticeship ☐ Classroom ☐ Distance Learning ☐ Online

Instructor Name:

Instructor Credentials:

Class Size:

Offering Language: ☐ Arabic ☐ Chinese ☐ Croatian ☐ English ☐ French ☐ Korean ☐ Portuguese ☐ Russian ☐ Spanish ☐ Other

Time Classification: ☐ Daytime Class ☐ Evening Class



## Additional WIB Areas Notification

**Additional WIB Areas Notification**  
Select additional WIBs to be notified of this Course Offering.  
Additional WIB Areas will not be sent the offering to approve until the Primary WIB approves.  
Selected WIB Areas:  
No items selected.  
[Click Here to Edit Selection](#)

**Save & Proceed** **Cancel**

- To notify additional WIB areas of your offering, select [Click Here to Edit Selection](#) and select the WIBs you want to notify.

- Click on **Save Selection**.

**NOTE: Additional WIB Areas will not be sent the offering until your Primary WIB approves.**

- Press **Save & Proceed**.

**This completes the registration process!** You will be brought back to the **Training Provider Home Page** and should see the following announcement:

☐ Broome-Tioga Counties  
☐ Cattaraugus-Allegany Counties  
☐ Cayuga-Cortland Counties  
☐ Chautauqua County  
☒ Chemung-Schuyler-Steuben Counties  
☐ Chenango-Delaware-Otsego Counties  
☐ Columbia-Greene Counties  
☐ Dutchess County  
☒ Erie County  
☐ Fulton-Montgomery-Schoharie  
☐ Genesee-Livingston-Orleans-Wyoming Counties

**Save Selection** [Clear Selection](#)

**Your Registration has been completed, awaiting Approval by the appropriate WIB.**

**You may select a section below to edit your saved information.\***

\*At this time, please **do not** edit your saved information. If there is something that must be changed before approval by the WIB, click on [Training Course Details](#) and 'inactivate' the course. This will remove it from the WIB's queue. Make your change and resubmit by clicking **Save & Proceed** on the Offering Page.

You will be notified by email if your registration has been approved or if your WIB requires additional information.

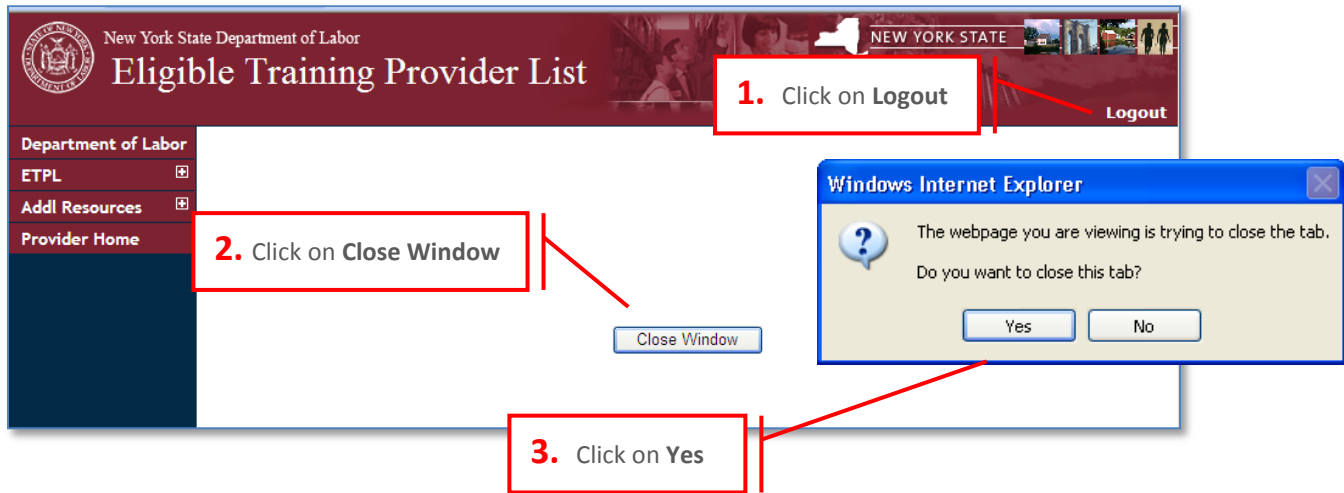
### **Important Notice!**

Your Registration has been Completed, awaiting Approval by the appropriate WIB.  
You may select a section below to edit your saved information.

- Training Provider Information
  - [Administration](#) **Completed**
  - [Profile](#) **Completed**
  - [Documentation](#) **Completed**
- [Training Site Details](#) **Completed**
- [Training Course Details](#) **Completed**
- [Course Offering Details](#) **Completed**

## LOGGING OUT OF THE ETPL

**IMPORTANT!** Follow the steps below to correctly log off the ETPL application:



## SUBSEQUENT ELIGIBILITY

**Subsequent Eligibility** is the review and determination whether to retain an Eligible Training Provider on the ETPL. Training Providers must submit performance information and meet performance levels in order to remain on the list.

Twelve months after the date your offering was approved, you will receive an email notifying you that you will have 30 days to enter the performance and outcome information for the offering. Failure to do so will result in the offering being removed from the ETPL.

This guide will be updated to include instructions on the Subsequent Eligibility process at a later date.

## ATTACHMENTS

The following attachments are included for your use.

- Acronyms
- Section 5001 of the Education Law
- WIA Eligible Training Provider Certification Assurances Form
- Provider/Offering Application Form

## ACRONYMS

Below is a list of commonly used acronyms regarding the ETPL.

Abbreviation	Meaning
BPSS	Bureau of Proprietary School Supervision
CIP	Classification of Instructional Programs
DUNS	Data Universal Numbering System
ETPL	Eligible Training Provider List
FEIN	Federal Employer Identification Number
ITA	Individual Training Account
ITG	Individual Training Grant
LWIA	Local Workforce Investment Area
LWIB	Local Workforce Investment Board
NYSDOL	New York State Department of Labor
NYSED	New York State Education Department
SOC	Standard Occupational Classification
WIA	Workforce Investment Act
WIB	Workforce Investment Board

## SECTION 5001 OF THE EDUCATION LAW

### Licensed Private Schools and Registered Business Schools / Computer Training Facilities

#### *1. Schools Required To Be Licensed Or Registered.*

No private school or computer training facility which charges tuition or fees for instruction and which is not exempted hereunder shall be operated by any person or persons, firm, corporation, or private organization for the purpose of teaching or giving instruction in any subject or subjects, unless it is licensed or registered by the department. As used in this article, the following terms shall have the following meanings:

- a. "Licensed private school" shall mean any entity offering to instruct or teach any subject by any plan or method including written, visual or audio-visual methods.
- b. "Registered business school" shall mean a school in which a curriculum primarily provides a sequence of courses that may include accounting or bookkeeping, marketing, business arithmetic, business law, business English, shorthand, typing, computer business applications/programming, or substantially all said courses, for the purpose of preparing an individual to pursue a business occupation; provided, however, that a registered business school program may include instruction in English as a second language at a beginning or basic level, provided such instruction shall not constitute more than fifty percent of such program. Such authorization shall apply to all students who commence instruction in a registered business school program prior to July first, nineteen hundred ninety-one. A business school registered under this section shall employ only teachers licensed by the department, whose qualifications are substantially equivalent to those required of teachers of equivalent subjects in public secondary schools.
- c. "Computer training facility" shall mean any entity primarily engaged in providing training on the use, language, programs, application, networking and technical repair of computers.

#### *2. Exempt Schools.*

The following schools are exempted from the licensing requirement of this section:

- a. institutions authorized to confer degrees in this state;
- b. schools, other than correspondence schools, providing kindergarten, nursery, elementary or secondary education, except schools conducted for profit which provide instruction in English as a second language or preparation for high school equivalency examinations to out-of-school youth or adults;
- c. schools operated by governmental agencies or authorities;
- d. schools which engage exclusively in training of students with disabilities as defined in section forty-four hundred one of this chapter;
- e. schools conducted on a not-for-profit basis by firms or organizations for the training of their own employees only, provided that such instruction is offered at no charge to such employees, or by a fraternal society or benevolent order for its members or their immediate relatives only;

- f. schools which provide instruction in the following subjects only: religion, dancing, music, painting, drawing, sculpture, poetry, dramatic art, languages, reading comprehension, mathematics, recreation and athletics;
- g. schools in which the course of instruction is licensed, registered or approved under any other section of this chapter or by any other department or agency of the state;
- h. schools which provide instruction designed solely for giving flight training and/or related ground school instruction.
- i. schools in which instruction designed solely to prepare applicants for admission to professional licensing examinations administered by the department pursuant to title eight of this chapter, and applicants for examination for admission to the practice of law;
- j. schools which offer continuing education courses exclusively for individuals licensed by the department pursuant to title eight of this chapter and for individuals admitted to the practice of law;
- k. schools which provide instruction given exclusively to employees of a person or organization which has contracted with another person or organization to provide such instruction at no cost to the employees;
- l. conferences, trade shows, workshops, seminars, institutes or courses of study offered and sponsored either jointly or individually by recognized trade, business or professional organizations for the benefit of their membership; or those offered to the general public by individuals, firms or organizations which neither conduct such activities for a duration of more than five consecutive days nor more frequently than twice in any one calendar year;
- m. schools which provide instruction exclusively to persons employed full-time or part-time in the field in which instruction is being offered, where the instruction is provided to meet continuing education standards required for professional licensure as defined by law in this state;
- n. instruction offered at a total contract price of less than three hundred dollars; provided that the total contract for all courses to any enrolled student is less than three hundred dollars in any one calendar year. (n.b., expires and is repealed effective September 1, 2000).

## WIA ELIGIBLE TRAINING PROVIDER CERTIFICATION ASSURANCES FORM

As a condition of financial assistance from the New York State Department of Labor under Title I of WIA, the contractor assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- A. Section 188 of the Workforce Investment Act of 1998, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I-financially assisted program or activity;
- B. Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
- C. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- D. The Age Discrimination Act of 1975, amended, which prohibits discrimination on the basis of age; and
- E. Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

Please tell us the name (if any) of any Federal Agency that conducted a civil rights compliance review or complaint investigation and found your organization to be in noncompliance in the past two years.

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Please give us information about any administrative enforcement actions or lawsuits that alleged discrimination on any protected basis and that were filed against your organization in the past two years. This information should include the names of the parties, the forum in which each case was filed, the relevant case numbers, and any additional information that may be necessary.

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The Contractor also assures that it will comply with 29 CFR 37 and all other regulations implementing the laws listed above. This assurance applies to the contractor's operation of the WIA Title I-financially assisted program or activity, and to all agreements entered into to carry out the WIA Title I-financially assisted programs. The Contractor understands that the United States has the right to seek judicial enforcement of this assurance.

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*Provider Name*

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*Authorized Signature*

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*Date*



**Authorized Signature:** By signing, I hereby certify that all information contained in this application is accurate as of the date of submission. I further certify my understanding that any or all of the items included in the application may be displayed on the internet (subject to New York State confidentiality restrictions) as part of the New York statewide list of eligible training providers.

<i>Signature of Authorized Official</i>	<i>Date</i>
<i>Typed/Printed Name of Signatory</i>	
<i>Signatory's Official Title</i>	
<i>Provider Name</i>	
<i>FEIN</i>	